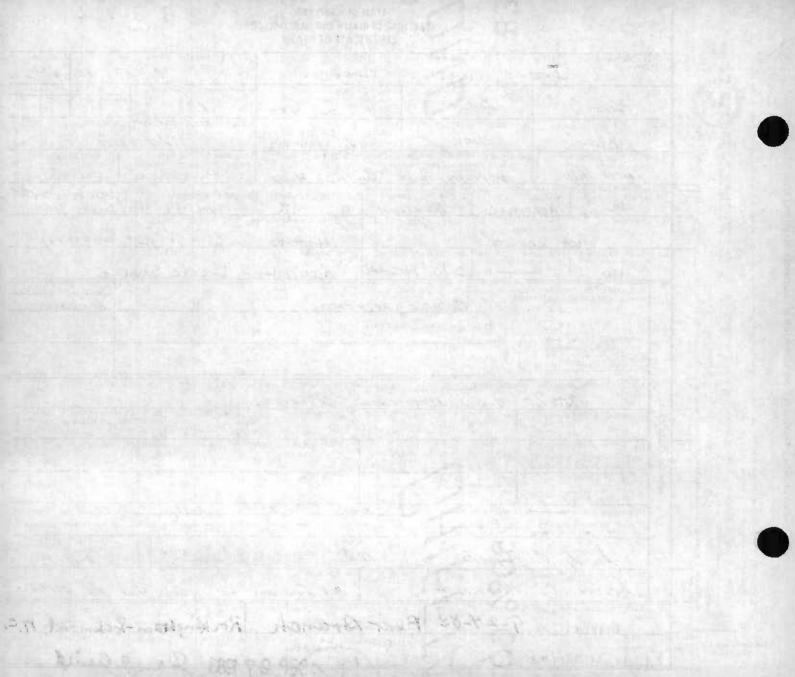
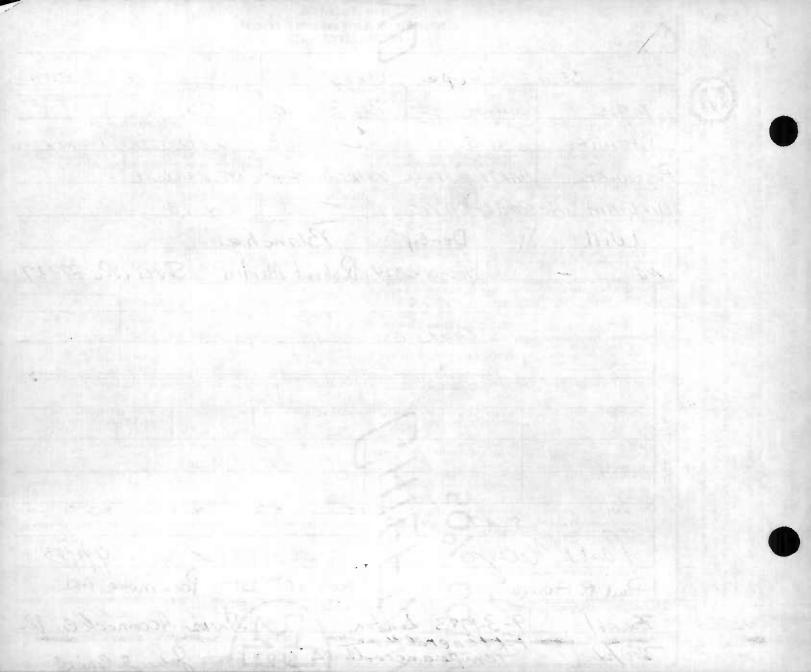
1	FOR STATE		EPARTMENT OF HEAL			5 9	
	REGISTRAR		ICAL EXAMINER'S	CERTIFICATE C	OF DEATH RE	G. NO.	
	CEASED NAME FIRST		WIDDIE	LAST	2a. DATE KNOW OF ESTI	HTMOM D N	DAY YEAR 25. HOU
,	Ralp	h Robe	rt	Bunting In		0 0 9	10 19 83
3. SE	X 4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF		24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH	DAY YEAR 2d. HOU
Mer	le White		1949 34 YRS.	INTHS DATS HOURS	DEAD	9	10 1983 12:5
E	IRTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WHA	AT COUNTRY? 8. MA	RRIED NEVER MARR	IED 9. BALTIMORE C	ITY OR COUNT	Y OF DEATH
11	aryland	U.)/i	OWED DIVORC	ED Worces	ter Cour	
10. C	ITY OR TOWN OF DEATH		ITAL, NURSING HOME, OR C	THER INSTITUTION	12a. USUAL OCCUPATION)	OR INDUSTRY
	Berlin	Carey R	d. west of Rt	. 113	Salesman		outtry
USU 13a	AL RESIDENCE (IF IN NURSING HOME STATE 13b. COUL	or other institution, give NTY Cester	RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN Berlin	13d. INSIDE CITY LIMITS? YES NEXT	130. STREET ADDRESS		21811
14. F	ATHER'S NAME Ralph R. Bunti	no, Sr.	LAST	15. MOTHER'S MAID! Betty Pivo	EN NAME MIDDLE		LAST
4		MED FORCES?	166. SOCIAL SECURITY NO.			RESS	. A I
1	0		EAU-72-U340	ratricia	11. Bunting	Berlin	
	18 CAUSE OF DEATH (Enter o	nly ane cause per line fo	or (a), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (a) In	ermal injurie	5			
7	Canditions, if any, which		S A CONSEQUENCE OF				0.00
	gave rise to immediate cause (a) stating the under	e (b)					
	lying couse last.	DUE TO, OR A	S A CONSEQUENCE OF				
	PART 2 OTHER SIGNIFICANT CONDITION	(c)	T NOT BELLATED TO THE YEARING OF	TACCOR CONQUERON ONLY			
Z	TAKE 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO GEATH BU	I NOT RETYLED TO THE TERMINAL DIS	TASE OR CONDITION GIVEN IN PA	KII (a).		
1 5	19a. DATE OF OPERATION	195 CONDITIO	ON FOR WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY?
FIC.							
CERTIFICATION	21a. EXTERNAL CAUSE WAS	21b. TIME OF I		HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART	YES X NO [
ALC	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH NOON.M.	MONTH DAY YEAR 9 10 19 83		rplane crash		
MEDICAL	214 INJURY OCCURRED	21e PLACE OF	INJURY (ATHOME. 211	LOCATION			
X	WHILE AT WORK NOT WHILE	DIRECT, FACTO	CONT.	arev Rd w. c	of Rt. 113	COU	
			-	N			orcester, Md
	22a. I certify that I was char		1			and in my opi	nion
	deoth resulted from	rrot couses	Accident X, Suicide	, Hamicide	Undetermined manner		
	ACTUAL SIGNATURE	mark	Mm X	MD DODATY Ch	LI ENTEDICAL EXAMINER	DATE	9/10/83
1	SIGNATURE	1		mu robarty Of	LI SMEDICAL EXAMINER	SIGNED	2/10/02
	EXAMINER'S NAME T	homas D. Sr	mith, M.D.	ADDRESS III F	Penn St. Ba	Ito.,MD.	
23a.E	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	. COUN	TY STATE
	Cremution	9-12-83	Delmarva (r	emutony	Lewes, Sus	sezX, De	elourre
24. F	UNERAL DIRECTOR	ADDRESS			REC'D. BY REGISTRAR 25b	REGISTRAR'S SI	GNATURE
	Ullrich Funera	Homa Ro	alin Ad	SE	P 1 5 1983	shug.	Cowell

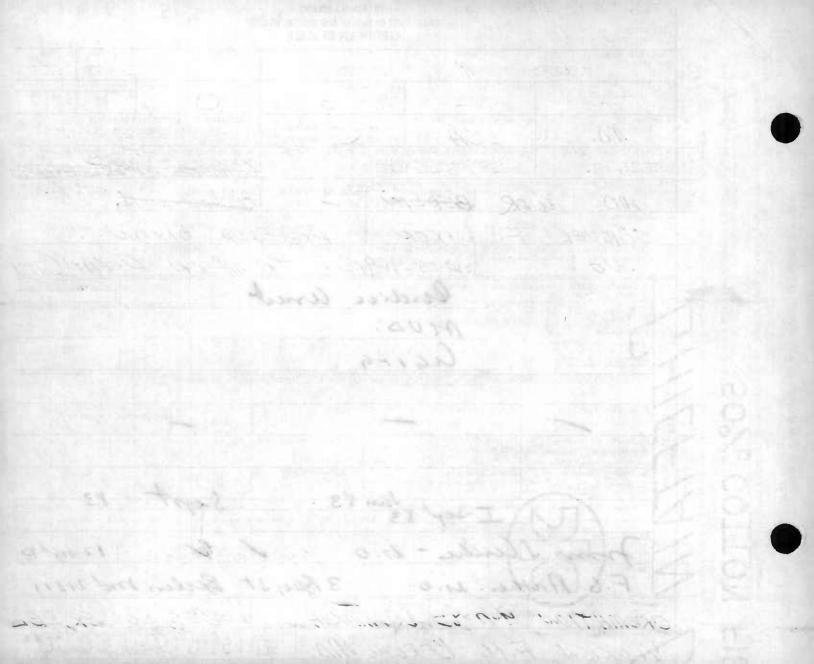
in other contracts. and the second of the second o somether the defendant speciment we want to be a considered to the constant of A Date of the Control of the Control



5	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL AN CERTIFICATE OF DEATH	GIENE 2 5	5 9 3
+ 3 P		CEASED NAME FIRST CEC/	MIDDLE	DEPR V	20. DATE OF DEATH MONTH	1 83 10:25 A.M.
4 moy	3. SE		4. RACE WATE	5. DATE OF BIRTH MONTH DAY YEAR 12 27 10	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
death. Page unergi dire		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUN	
The state of the s	10. C	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
212	USU 130.	AL RESIDENCE (IF NURSING HOME COTATE 136/COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNTY 131. CITY OR TOV EEOMAC SAVIS		130. STREET ADDRESS	99999
completely filled and 2 should	14. F/	THER'S NAME PIRST	MIDDLE Derbe	15. MOTHER'S MAIDEN N		LAST
BALTIMORE, cote be executed to appers. Pages 1 avoil.		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	REMED FORCES? 166. SOCIAL SECTION WAR OR DATES)	2324 Robert N	Partin Swe	· 12. 23427
201 W. PRESTON ST., es that the death certific ned by the attending phyplease remaye carban purial, cremation, or remains, or remains, or remains, or certains traumatic every, or other traumatic every	NO	PART I. DEATH WAS CAUS OR MAKEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	ENCE OF « M (a	RMINAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECOI	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir r attending physician. Wher this certificate has been sig as the buriol-transit permit. Then th and Mental Hygiene prior to be norked or tem 18 shows any injury	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D HE EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A.M. MONTH D	19 21f. LOCATION	IRRED (ENTER NATURE OF INJURY IN ITEM 18	COUNTY STATE
OR ATTENDIO OR ATTENDIO OR ATTENDIO OR DIRECTOR: A cached for use Dept. of Heal		saw the deceased alive a	pital) attended the deceased fram.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	that (I) (we) last our and from the causes stated
TO HOSPITAL TO FUNERAL should be det with the State		Paul R Fu	ayy	305 10 H	St Pocom	icke Md
449999		SURIAL, CREMATION, REMOVA	9-3-1983 2	NAME OF CEMETERY OR CREMATORY	SNUS ACC	county C. STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	14. 11	DEEN!	For Funera	wearly of CE	ATE REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE



3	#13, FilmG584 1 FOR STATE REGISTRAR		STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL PYO CERTIFICATE OF DEATH	GIENE 2 5	5 9 4
poge 3	1. DECEASED NAME FIRST (TYPE OR PRINT) FLORET	ICE M.	HUFFMAN	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 11 83 2:15 P M
7 0 0	3. SEX FEMALE	4. RACE WHITE	S. DATE OF BIRTH MONTH 8 23 1900	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTH'S DATS HOURS MIN.
tter death. Rage he funeral direct within 72 pagrs o	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU WORCI	ESTER COUNTY MD.
- 5 + 5 + 7/)	10. CITY OR TOWN OF DEATH BERLIN, MD.	BERLIN NURSIN	RSING HOME OR OTHER INSTITUTION TREET ADDRESS) G HOME	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126 KINE OF BUSINESS OR
ND 213	USUAL RESIDENCE (IF NURSING HOM 130. STATE	OUNTY 13c CITY OR	FORE ADMISSION 130 INSIDE CITY LIMITS?	13 STREET ADDRESS 72	4 N Surf Rd. 42
E, MARYLAI uted within completely f l ond 2 sho	14. FATHER'S NAME SAMUEL	MIDDLE D LAST	15. MOTHER'S MAIDEN NA	ELLA MIDDLES (X	ON LAST
MORE,	160. WAS DECEASED EVER IN U.S. (YES, NO OR UPKNOWN) (IF YES	ARMED FORCES? 166. SOCIALS GIVE WAR OR DATES) 210-C	GECURITY NO. 17, INFORMANT	IDMP SON	OCEAN CITY
201 W. PRESTON ST., res that the death certific ned by the attending phyleges remove carbanor virial, cremotion, ar removed, y, or other troumotic ever	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICATE	DUE TO, OR AS A CONSI	ndiac Unes	MINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH GIVEN IN PART 110
VITAL RECO	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF	216. TIME OF INJURY	DAY YEAR	200 AUTOPSY? 206 II N CE YES NO REPORTED (ENTER NATURE OF INJURY IN ITEM	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
DIVISION DING PHONG PHON	(IF EITHER, NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	DEATH	19 21f. LOCATION STREET	city or town	COUNTY STATE
PITAL OR ATT by the hospin by the hospin ERAL DIRECTO Store Dept. of ANT: If hem 21	sow the deceosed alive obove, (1) (we) (did) (did) (did) (22b=64GNATURE)	J. Culhe	DEGREE One of the tin (my)-(our) opinion DEGREE ATTENDING PHYSICIAN 1 224 ADDRESS	MEDICAL STAFF	1 2-Styl 13
TO HOS retoined TO FUN should be with the LIMPORT.	F.G. A	nthes - 11. 6	3 Bays.	It Berlin	morisis
BP	CAPMATION 24 FUNERAL DIRECTOR	1 9-12-83	DELMARUA 25a. DA	TE REC'D. BY REGISTRAR 25	SUSSEX DEL
DHMH - 16 50M 4/82 (VRA 15, 4)	VELRICH	F. H. BE	RLW, MID. SI	EP 1 5 1983 /	hugh lakely



letely filled in by the funeral director, page 3 d'2 should be filed within 72 hours after death

requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician. FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Cian	~	and .	

								REG. I				
	CEASED NAME E OR PRINT)	FIRST	M	NIDDLE	LA	ST	2a.	DATE OF DEATH	MONTH	DAY YEA	2b H	OUR
		HARRY	x V	V.	TU	Lele		SEPT.	1	8 83	3	٨
3. SE.	×	- 7.	RACE		5. DATE OF			GE (IN YEARS LAST E	IRTHDAY)	IF UNDER 1 Y		DER 24 HRS
1	MALE		WH,7	E	MA	¥ 14 1	997	86	YRS.	MONTHS D	AYS HOUR	MIN.
	IRTHPLACE (STATE C	OR FOREIGN 7b		WHAT COUNTRY	8		_ 9 B	ALTIMORE CITY				_
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The Real Property lies	ITY OR TOWN OF D	EATH 11	I. NAME OF H	OSPITAL NURSI	WIDOWED	DIVOR		USUAL OCCUPA		-	D OF BUSI	M INFSS OF
2	· ONOK!	-	(IF NOT IN SUCH	FACILITY, GIVE STREE	T ADDRESS)	100		E OF WORK FOR MOST				
1	AL RESIDENCE (IF NO		FSIDE	OVE PESIDENCE BEFOR	KIE	13		PAINTE	EK			
13a S	MD.	136 COUNTY	Y	13 CITY OR TOV		13d INSIDE CITY I	LIMITS? 13e.	STREET ADDRESS	3	218	51	
14 FA	ATHER'S NAME	A4.15	DDLE	LAST		15. MOTHER'S MA						
14	111-IAM	MIL	DDLE	Tall		PIRST NO I N	NIE	WIDDLE			DAU	2
	WAS DECEASED EVE	R IN U.S. ARME	ED FORCES?	16b SOCIAL SEC	URITY NO.	17. INFORMANT		ADD	RESS		2130	
- (YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	210-14	-0205	LOC MAL	DE T	111 07	1 2.0	17 20	. 041	-
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	18 CAUSE OF DEA	WAS CAUSED		line far (a), (b), a	nd (c).1	100	toda			BETW	ROXIMATE IN EN ONSET A	ND DEATH
	11	IMMEDIATE	CAUSE (o)	CIANC	MAC	AICIC	-(141)	mist			./4	
	7254		DUE TO, OR	AS A CONSEQU	IENCE OF		2		0 -			
	Canditians, if ar	v. which	(CON	GESTI	IVE (AMA	LOMED	PIAIL	M		
			(0)			00	7/11/01	COILLO	7 7 7 1 6	-		
	gove rise to i	mmediate	DUE TO, OR			100	2/11015	2014 (, , , , , ,			
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NO	gove rise to in cause (0), sta underlying cau	mmediate ting the ise lost.	(c)	AS A CONSEQU	ENCE OF					VEN IN PAR	110	
CATION	gove rise to in cause (0), sta underlying cau	mmediate ting the ise last.	(c) DNDITIONS <u>CO</u>	AS A CONSEQUENTRIBUTING TO	DEATH BUT N		THE TERMINAL		NDITION GI	S, WERE FIN	IDINGS US	SED
TIFICATION	gove rise to in cause (o), sta underlying cau PART 2. OTHER SI	mmediate ting the ise last.	(c) DNDITIONS <u>CO</u>	AS A CONSEQUENTRIBUTING TO	DEATH BUT N	NOT RELATED TO	THE TERMINAL	DISEASE OR COL	20b. IF YE	S, WERE FIN	IDINGS US	ATH?
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DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camp should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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#	FOR STATE REGISTRAR	DEPARTM	STAVE OF MARYLAND, SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	2 5 3 7 REG. NO. 4	25597
	1. DECEASED NAME FIRST (TYPE OR PRINT)	RYN L.	WINGATE	20. DATE OF DEATH MONTH DA	Y YEAR 2b. HOUR
	3. SEX	I4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	83 12Noonm
TMI	FEMALE	WHITE	Sept. 5, 1904	70	NIHS DAYS HOURS MIN.
100	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNTY O	OF DEATH
deoth.	Maryland	Usa	MARRIED NEVER MARRIED WIDOWED A DIVORCED	WORCESTER COUNTY	MD.
the fu	10 CITY OR TOWN OF DEATH BERLIN, MD.	11. NAME OF HOSPITAL, NURSING ILE NOT IN SUCH FACILITY GIVE STREET BERLIN NURSING		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	126. KIND OF BUSINESS OR INDUSTRY Home
24 h	130. STATE 136 COL	prother institution give residence before unity 13t. CITY or town cester Berlin	ADMISSION) N 13d. INSIDE CITY LIMITS? YES X NO 15. MOTHER'S MAIDEN NA	13e STREET ADDRESS Esham Dri	ve 1811
MARYLA red within ompletely ond 2 shu	FIRST	MIDDLE LAST	Lizzie V	Vest	LAST
be execut on ond co	160 WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES, O	RMED FORCES? 166. SOCIAL SECU 219-36-		s Jr. Salisbu	ury, MD
tDS, 201 W. PRESTON ST., quires that the death certifi signed by the ottending pl Then please remove carbane to burial, cremation, ar rem njury, or other troumatic eve	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	Chiac Annost D- BJ-BI		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH N IN PART 1 (a)
TAL RECOR	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	YES NO YES	
SION OF VITAL RI PHYSICIAN: The li ending physician. this certificate has the buriol-transit per da Mental Hygiene dar Item 18 shaws	OR CONTRIBUTING CALISE OF D	EATH HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	IT 1 OR PART 2)
IVISION C 4G PHYSIC offending for this cer ter this cer is the burio h and Ment rked ar lter	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DI Maspirol or RECTOR: At hed for use or hed for use of heat of Health	saw the deceased alive of	pital) arended the deceased fram_ on	, and that in (my) (our) apinion	deoth accurred on the date and hour of	that (I) (we) last and from the causes stated
F he be	22b. STONATURE	J. Cuiles	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	15 Sept. 13
TO HOSPITAL of retained by the TO FUNERAL Is should be detain with the State IMPORTANT: If	F. G. A	RIHEJ. MD		+ BERLIN 1	ind. > 18 11.
BP	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial 24. FUNERAL DIRECTOR		New Hope Cem.	Willer Town	COUNTY STATE MD
DHMH - 16 50M 4/82 (VRA 15, 4)	Charles W.	Harling, ADDRESS	elly ville Del S	TE REC'D. BY REGISTRAR 256. REGISTR.	The state of

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAS HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN 26. HOUR MONTH (TYPE OR PRINT) ESTI-FARI DEATH MATED WILLIAMS 19 83 6. AGE (IN YEARS | IF UNDER 1 YR 4 RACE 5. DATE OF BIRTH 2d. HOUR IF UNDER 24 HRS DATE PRONOUNCED 2:30 DEAD MALE 1983 DM 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED , AND 3 TO THE FUNER RETAIN PAGE 5 FOR SHOULD BE FILED WITH FOREIGN COUNTRY MARYLAND WIDOWED [DIVORCED Worcester 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY POCOMORE HANDY MAN Pocomoke River 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS WORCESTER YES [NO M 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ILLIAMS EMMA CHAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS T. PAGES DIVISION (IF YES, GIVE WAR OR DATES) 218-30-5043 WW II 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Drowning DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) USED AS 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [SHOULD BE 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR X OR UNDERLYING P.M. 9-24-19 83 Subject fell from bridge into water. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY AT WORK NOT WHILE CITY OF TOWN STATE 13 Pocomoke River bridge-Rt. Worcester Md. EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR, PAFER DEATH, WITH THE STANDARD AMEN'LAND 2" 220. I certify that I took charge all the remains described above, held an Inspection deoth resulted from: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 9-29-83 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE CREMITOR! KD BP 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 165 LINDEN AVE **DHMH** - 17 POCLMORE CITY (VR A15 ME (5)) 20M 4/B2

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